

**FEES ASSISTANCE
AVAILABLE**

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2015 LadyHawks -Fall Softball Registration

AGE PLACEMENT IS ACCORDING TO AGE AS OF JANUARY 1, 2015!

ACTIVITY CODE	DIVISION	AGE	GR.	DAYS	TIMES	LOCATION	COST
45259	T-BALL	4, 5, 6	K-1	W/SAT	6:00P / 8:00A	Daley/Kiwanis	\$65.00
45258	COACH PITCH	6, 7, 8	2-3	W/SAT	6:00P / 8:00A	Daley/Kiwanis	\$65.00

FAST PITCH DIVISIONS

MINORS		9 & 10	3-4	T/TH/ SAT	6:30P / 9:00A	Daley/Kiwanis	\$65.00
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45262 Use this course code only if you **need to be** assigned to a team

45257 Use this course code only if you **have been** assigned to a team

12U FAST PITCH		11 & 12	5-6	M/WED & SAT	6:00P or 7:30P 8A, 9:30A or 11:00A	VARIOUS	\$86.00
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45255 Use this course code only if you **need to be** assigned to a team

45260 Use this course code only if you **have been** assigned to a team

14U FAST PITCH		13 & 14	7-8	T/TH/SA	6:00 or 7:30P 8, 9:30a or 11:00a	VARIOUS	\$86.00
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45256 Use this course code only if you **need to be** assigned to a team

45261 Use this course code only if you **have been** assigned to a team

16U FAST PITCH	TEAM REG. ONLY		M & W	6:00 or 7:30P	Daley/Kiwanis		
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Call Bobbi to register.

Name _____ Parent's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Night / MOBILE _____

BIRTH DATE _____ Age _____ SCHOOL _____ GRADE _____

ACTIVITY CODE: _____
(Required- see listings above)

E-Mail _____

If you have any questions about what division, or which skill level to have your child in, please do not hesitate to call. Bobbi Jones @ 480-350-5267
bobbj_jones @tempe.gov

Looking to get involved? We have free coach's training and lots of volunteer positions. Come on and help! Call for details: 480-350-5267!

List friends you would like to play with on your team.

If already on a team, please list Coach's name AND Team Name.

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Activity. I will require the following accommodation to participate: _____
- I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability.
I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name Date
Payment

Fee: \$ _____ Check # _____ Or Credit Card Number _____ -- -- --

Exp. Date: _____ Signature Authorizing Charge to above number _____